

**LOCAL BANKRUPTCY FORM 3015-3(b)****IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA****IN RE:  
Zachary Grant Wright****CHAPTER: 7****Debtor(s) CASE NO. 1:23-bk-01477****CERTIFICATION REGARDING  
DOMESTIC SUPPORT OBLIGATION(S)**

If there are domestic support obligation claims in a case, the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 requires the trustee to provide written notice to the holder of the claim and to the applicable state child support enforcement agency. In order for the trustee to comply with the Act, the Debtor/Obligor must complete the following information and verify the information is true and correct by signing at the bottom of this form.

**1. Name of Person Entitled to Receive Domestic Support ("Recipient"):**

Claim Holder	<u>Klinger</u>	<u>Ashley</u>	<u>Enter text</u>
	Last Name	First Name	Middle Initial

**2. Address of Domestic Support Recipient:**

Claim Holder	<u>920 west Foxcroft Drive</u>	<u>Camp Hill</u>	
	Street	City	
	<u>Cumberland</u>	<u>PA</u>	<u>11011</u>
	County	State	Zip

**3. Telephone Number of Domestic Support Recipient:**

Claim Holder	<u>717-525-4477</u>
	(Area Code) Phone Number

**4. If you are paying a Domestic Support Obligation pursuant to a Court Order, provide the following:**

<u>Perry County Domestic Relations</u>	
Name of Court	
<u>2 E Main St. New Bloomfield, PA 17068</u>	
Address of Court	
<u>Enter text</u>	<u>415111710</u>
Docket Number	PACSES Number

The undersigned hereby certifies that the foregoing statements are true and correct under penalty of perjury.

Dated: August 11, 2023

/s/ Zachary Grant Wright  
Debtor